

INDIANA DEPARTMENT OF FIRE AND BUILDING SERVICES
Office of the State Building Commissioner
Code Enforcement - Industrialized Building Systems
Indiana Government Center South
402 W. Washington St., Room W246
Indianapolis, IN 46204-2739

INSTRUCTIONS: Please complete all applicable areas of the form. Return form to the Office of the State Building Commissioner at the above address. A fee of \$65.00 for each seal must accompany this application.

700.00 101 04	on sour must accompany this application.				
Name of corporation					
Name of manufacturing facility					
Facility location (number and stree	t, city, state, ZIP code)				
Name of third party inspection con	npany				
As a condition to the issua to determining compliance	ance of these seals, applicant consent	s to all necessary inspection	ons by a duly autho	rized representative	e incident
		Quantity of seals	· · · · · · · · · · · · · · · · · · ·		
Mobile Certification Seals	M		X \$65.00 ea.	s	.00
	M(Assigned by the OSBC)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,
	(Assigned by the COBC)	Quantity of seals			
Modular Certification Seals		Quantity of seals			
	PThrough		X \$65.00 ea.	\$.00
	P				
	(Assigned by the OSBC)	T-1-1		7-4-15 5	
		Total quantity of seals		Total Fee Enclosed	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		X \$65.00 ea.	\$.00
 I do hereby certify: That each seal will be affixed to only the unit to which it is assigned and to which the Office of the State Building Commissioner has issued a design release; That all applicable rules of the Indiana Fire Prevention and Building Safety Commission have adhered to and that units are built to the appropriate codes and released design documents; That seals will be affixed to units and the Office of the State Building Commissioner will be notified within thirty (30) days thereafter, until all seals are accounted for by unit serial number and system release number. 					
Date:	Signature of Owner or Authorized Agent:				
FOR OFFICE USE ONLY					
Seals mailed to: Mr. / Ms.		Certified mail number			
Name of company	· · · · · · · · · · · · · · · · · · ·		Date mailed		
Address (number and street, city, state, ZIP code)					
Mailed by:					
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